


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	Elevated Endring Birdcage Antenna For MRI Applications		
Application Type : regular, utility Attorney Docket Number : GEM 0230PA			
Correspondence address: Customer Number: 27256			
			
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Daniel		
<b>Middle Name:</b>	J.		
<b>Family Name:</b>	Weyers		
<b>Residence:</b>			
<b>City of Residence:</b>	Brookfield		
<b>State of Residence:</b>	WI		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	17835 Country Lane		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Brookfield		
<b>State of Mailing Address:</b>	WI		
<b>Postal Code of Mailing Address:</b>	53045		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	David		
<b>Family Name:</b>	Keren		

**Residence:**

**City of Residence:** Milwaukee  
**State of Residence:** WI  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 3314 N. Hackett Ave  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Milwaukee  
**State of Mailing Address:** WI  
**Postal Code of Mailing Address:** 53211  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Kevin  
**Family Name:** Kinsey  
**Residence:**  
**City of Residence:** Waukesha  
**State of Residence:** WI  
**Country of Residence:** US  
**Address-1 of Mailing Address:** W304 S3236 Brookhill Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Waukesha  
**State of Mailing Address:** WI  
**Postal Code of Mailing Address:** 53189  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Ed  
**Middle Name:** B.  
**Family Name:** Boskamp  
**Residence:**  
**City of Residence:** Menomonee  
**State of Residence:** WI

**Country of Residence:** US  
**Address-1 of Mailing Address:** W168 N5083 Stonefield Rd  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Menomonee Falls  
**State of Mailing Address:** WI  
**Postal Code of Mailing Address:** 53051  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

Name	Registration Number
Jeffrey J. Chapp	50579

**Publication Information:**  
**Suggested Figure for Publication - Figure 1**  
**Suggested Classification -**  
**Suggested Technology Center -**  
**Total Number of Drawing Sheets -**

**Assignee 1:**

**Organization Name:** GE Medical Systems Global Technology Company, LLC  
**Address-1 of Mailing Address:** 3000 North Grandview Boulevard  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Waukesha  
**State of Mailing Address:** WI  
**Postal Code of Mailing Address:** 53188  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**